

Dasani Blue Bike Program



Registration Form

Date Issued:

Last Name:

First Name:

MI

Address:

City, State, Zip:

Date of Birth:

Home #:

Cell #:

Bike Rental Agreement:

- ⇒ Bike must be returned within 24 hours.
- ⇒ User is responsible for damage and theft of bike.
- ⇒ A State Trail Pass is required on the Capital City State Trail and can be purchased at self-registration tube.

WAIVER OF LIABILITY

Read Carefully: This is a contract with legal consequences.

I hereby affirm my voluntary participation of the Dasani Blue Bike Program and assume all inherent risks of using the Dasani Blue Bike bicycle and equipment. Such risks include, but are not limited to, falls, collisions, conditions of the trail, equipment malfunctions, and effects of weather, including cold, heat, and high humidity.

Furthermore, I for myself, my heirs, successors, and assigns, **WAIVE, RELEASE, AND HOLD HARMLESS**, the Department of Natural Resources and Dane County Parks and their respective officers, staff, and agents from any and all liabilities, causes of action, claims, or proceedings arising from the negligent management or operation of the Dasani Blue Bike Program and equipment thereof. This does not waive liability for intentional or reckless conduct, rather this is a **WAIVER AND RELEASE FOR ALL CLAIMS ARISING OUT OF NEGLIGENCE**.

Additionally, I hereby waive the right I have to bargain for a different waiver of liability terms.

If I am a minor, my parent or guardian is also signing on my behalf and we both agree to be bound by the terms of this waiver and release.

Signature: _____ Date: _____

Signature: _____ Date: _____
(Parent or Guardian of Minor)

Office Use Only

Driver's Lic / State Id Card #: _____

Check Out Time: _____ AM / PM Intended Time of Return: _____ AM / PM Bike# _____

Card # issued: _____ Card Returned: YES / NO

Check In Time: _____ AM / PM Condition of Bike upon Return: _____



Capital Springs Centennial State Park and Recreation Area
3101 Lake Farm Road
Madison, WI 53711

